PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09738474

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24		8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Γ	RATE	FEE	i	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=		*	4		X\$ 9=		OR	X\$18=	12
INDEPENDENT CLAIMS			/ minus 3 = *		*	3		X40=		OR	X80=	740
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				Ì	+135=		OR	+270=	
* If the difference in column 1 is less than zero, en					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								ì			OTHER	THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	CLAIM	=		X40=		OR	X80=	
	FIRST PRESE	NIATION OF IVI	DETIFEE DEF	ENDEN	CLAIIVI			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	,	ADDIT. FEE		٠.	ADDII. FEET	
AMENDMENT B	# # # # # # #	CLAIMS REMAINING AFTER AMENDMENT	143 23. 1	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						l †	+135=			+270=	
							L	TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS		(Colur		(Column 3)	ı "					
AMENDMENT C		REMAINING AFTER AMENDMENT	· 鲁· · ·	NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	lt	X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽┟	•	,	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		nber Previously Pa					er fou	nd in the apr	propriate box	k in co	lumn 1	